

Our Ref: PW/TLR/FOI/0725/1352

1<sup>st</sup> September 2025

Stafford Education & Enterprise Park  
Weston Road  
Stafford  
ST18 0BF

Sent by email

Telephone: 0300 123 1461

Dear Sir/Madam

**FOI/0725/1352**

**Your request for information under the Freedom of Information Act 2000**

Thank you for your email dated 8<sup>th</sup> July 2025 for information under the Freedom of Information Act 2000. We can now confirm that Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website. The ICBs response is provided below in blue text.

*You have requested:*

***I make this FOI request on behalf of myself.***

***I am interested to know the process followed by the ICB in responding to provider assessments under the Standing Rules.***

***Please share unredacted minutes from the ICB's Accreditation Panel meeting that took place on 30/05/2025.***

**We did ask for clarification as we were not sure where to send it to, the requester came back with the following, which we hope helps:**

***This was for an assessment of new providers under the standing rules.***

***The meeting is called the accreditation panel.***

Please find attached a copy of the minutes as requested. Please note that the ICB reviews all requests for information and where there are clear exemptions to be applied the ICB will do so.

In this case we have applied S.40(2) Personal information, which is an absolute exemption and therefore, names/initials have been redacted.

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

**To request an internal review**

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent ICB FOI team by emailing; [staffsstokeFOI@staffsstoke.icb.nhs.uk](mailto:staffsstokeFOI@staffsstoke.icb.nhs.uk) or by post to the address at the top of this letter within 40 working days of the initial response.

**Chair:** David Pearson MBE

**Interim Chief Executive Officer:** Paul Edmondson-Jones

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

[www.ico.gov.uk](http://www.ico.gov.uk)

Yours faithfully

**Paul Winter**  
**Associate Director of Corporate Governance**

*Enc.*

## Public Interest Test

Request for FOI/0725/1352 Information	
FOIA Exemption S.43 (2) – Commercial Interests	
<i>Factors supporting disclosure</i>	<i>Factors supporting non-disclosure</i>
<ul style="list-style-type: none"> <li>• There is a clear public interest test in the work of government being closely examined to encourage the discharging of public functions in the most efficient and effective way;</li> <li>• There is an important public interest in the work of public bodies being transparent and open to scrutiny to increase diligence and to protect the public purse;</li> <li>• There is a public interest test in disclosing information about contract awards and the process undertaken to award contracts.</li> <li>• The contracts register is published to ensure transparency.</li> </ul>	<ul style="list-style-type: none"> <li>• The procurement process must be seen to be fair and that commercial interests of the suppliers of services are not unduly prejudiced by the release of commercially sensitive information. It is important to maintain the confidence of our suppliers in order to achieve best value for the tax payer;</li> <li>• There is a cohort of providers who requested to be accredited i.e. contracted providers with the ICB for specific services and have not yet been communicated to them, and, or the market the outcome of their application. The rationale for not disclosing initially for this cohort was whether this is deemed commercially sensitive, or the requestor of the FOI being informed of a discussion prior to the provider. There are some complexities regarding why these providers have not yet been told, which is due to further ICB due diligence. The minutes stipulate both the provider and services sought.</li> </ul> <p>The rationale initially was that these could become in essence unsuccessful bidders.</p>
<p><b>Conclusion: there are compelling arguments which support withholding the information which outweigh those supporting release.</b></p> <p><b>PIT Members:</b>          Operational Business Partner – Finance          Senior Contracts Manager          Governance Manager/IG Operational lead</p>	



**Staffordshire and  
Stoke-on-Trent**  
Integrated Care Board

**Date of Public Interest Test: 28<sup>th</sup> August 2025**



**Provider Accreditation Panel  
Friday 30<sup>th</sup> May 2025 10:00 – 11:30  
Location: Microsoft Teams**

<b>Members:</b>
<b>In attendance</b>
Lee Squire (Chair) - Associate Director of Provider Management, ICB - LS
Operational Business Partner, ICB – CH
- Financial Controller, ICB – DS
– Senior Contract Manager (minutes), ICB – MG
- Senior Contract Manager, ICB – LP
- Head of Strategic Commissioning, ICB - NB
– Senior Contract Manager, ICB – JB
- Portfolio Director Planned Care, ICB - HA
- Senior Contract Manager, ICB – LP
- Senior Contract Manager, ICB – LP
- Delivery and Improvement Lead (Planned Care, Cancer and Diagnostics) - GOM
- Delivery and Improvement Senior Manager I Planned Care, Cancer and Diagnostics - JB
- Associate Director – Quality Assurance & Improvement, ICB - LG
- Senior Contract Manager, ICB – EJ
<b>Apologies</b>
- Clinical Quality Improvement Manager, ICB - SC
- Head of Financial Planning & Management, ICB - AT
- Senior Procurement Manager, ICB - GH
– Head of Planned Care, Cancer and Diagnosis, ICB - VW
- Head of Planned Care, Cancer and Diagnostics, ICB – PJ

		<b>Action</b>
<b>1.</b>	<b>Welcome/Apologies</b>	
	LS welcomed attendees and explained the purpose of the meeting. Apologies recorded as above. It was agreed to make a digital video recording of the meeting	
<b>2.</b>	<b>Declarations of Interest</b>	
	No conflicts of interest raised.	
<b>3.</b>	<b>Leadership Compact</b>	
	The leadership compact was circulated for information.	
<b>4.</b>	<b>Provider Accreditation Principles</b>	
	<p>█ recapped the Principles as set out in the enclosure, and presented at the previous PAP, with a focus on the ICBs view on disaggregation of specialities from existing service specification.</p> <p>Where the ICB has an existing, stand-alone Consultant led service in place, the ICB would offer that service as defined within the specification, as Choice. It is noted that the ICB intentionally procure services as part of existing ‘bundles’, that rest with our NHS providers, to ensure that services are delivered in a cost effective manner which also support patient</p>	

experience and continuity of care. There is also often an interdependency and interoperability with other commissioned services provided by one provider i.e. acute Trusts, MH Trusts, which means fragmenting the service would not be in the interests of the patient. CH presented the criteria for DAPA and DAPB to articulate the rationale for using disparate procurement routes. As a result, Regulation 39 and 40 are frequently referenced throughout the Patient Accreditation process. It is on this interpretation and basis that the ICB has minimal desire to consider unbundling. **Where there is a necessity for a speciality to deliver urgent care, unless otherwise determined, the ICBs stance will be to not disaggregate this provision as Regulation 39 would not apply.**

**Definition of “Urgent”** in the context of Provider Accreditation Services and Regulations 39 - 42 of the associated legislation.

The ordering of the agenda was adjusted following presentation of the above item.

LS introduced the item, stating that there is a focus on the ICBs shared interpretation of Urgent. The item is presented here to ensure that the ICB offer equitable services to the market, and to recognise that service provision across the SSOT footprint oftentimes consists of consultant led services which are intrinsic to a wider service specification and patient pathway. It is important therefore to ensure that we are correctly and consistently apply our interpretation of these regs.

GOM has sought to understand the definitions of elective and urgent, and the differences between. It is noted that NHSE guidance has been used as a resource and basis for this interpretation

There have been instances where the ICB have identified areas of service delivery within some specification, examples such as within Dermatology, Tele-Dermatology, Hepatology, and Haematology specifications.

There is a consensus view that urgent care is viewed as: urgent is an illness or injury that needs attention quickly but is not life threatening.

The NHS Choice framework provides a similar nature.

For context, Haematology and Hepatology clinical scenarios were cited:

- Haematology: bleeding or blood clotting
- Hepatology: decompensated cirrhosis, ALT.

There were further discussions amongst the panel of specific examples where this matter has arisen, and how this approach has been deployed – a Medefer Accreditation request in particular.

It is important therefore to have a consistent understanding, justification criteria, and application going forward in order to mitigate risk to challenge.

GOM confirmed that there are frequent conversations with other ICBs (inc. BSOL, Hertfordshire, and West Essex ICBs). There are few instances where this approach has been adopted, but there is support in principle.

█ and █ voiced a shared view that the ICB would benefit from a wider NHS view of this interpretation.

It was noted that legal advice on the definition of Urgent had not been sought at this stage, and that the ICB is satisfied with the guidance sought to date.

	<p>In addition to this exercise to define Urgent element of specification, there was discussion on the ICBs approach toward disaggregation of services following accreditation requests from prospective providers.</p> <p>The ICB, acting in accordance of its interpretation of the guidance, opts to not disaggregate services on the basis that such action carry's a degree of risk which will have adverse effects on system service delivery and financial sustainability.</p> <p>The ICB is confident in its interpretation of these aspects, and has worked closely with NHS England colleagues with discharging its commissioning functions under this approach.</p>	
<b>5.</b>	<b>Provider Accreditation Panel Minutes</b>	
	The minutes were agreed as a true and accurate record of the meeting.	
<b>6.</b>	<b>PAP Action Log</b>	
	<p><b>2025/ 01</b> - Relates to disaggregation from pathways. This has now grown into a useful set of guiding principles, and will become further refined as part of conversations in this agenda. [Action Closed]</p> <p><b>2025/02</b> - Update to follow at next PAP [Action Open]</p> <p><b>2025/04</b> - Further sessions have been scheduled to refine DDQ and process. Feedback to be supplied to the next PAP. [Action Open]</p> <p><b>2025/05</b> - A ticket has been logged with SSHIS. CSU Procurement colleagues offered to consider any existing means that support and facilitate process [Action Open]</p>	
<b>7.</b>	<b>Accreditation Request for Panel Review</b>	
	There were no accreditation requests for the Panel to review.	
<b>8.</b>	<b>Accreditation Pipeline - Portfolio Update</b>	
	<p><b>Planned Care</b> <b>New Provider Accreditation Requests</b>                  █ gave an overview.                  45 listed for planned care. Within there are a number of single providers seeking multiple specialities, such as <b>Modality, HH</b>, Medefer.</p> <p><b>Existing Provider Accreditation Requests</b></p> <p><b>Medefer</b>                  It is noted by the panel that further work is required to refine the application for this provider.</p>	

Colleagues noted the expiration date of the current contract, and advised that the ICB may wish to consider further modification to extend under the PSR to accommodate the accreditation and procurement of future services.

There was further discussion toward the risk of extending this accreditation process.

It was agreed by the panel that, the portfolio team shall communicate today's panel discussions to the Provider, to gather the requisite information to produce a robust and complete application. An extraordinary panel shall then convene in the coming weeks to review the application and to determine an outcome.

**Action: Extraordinary PAP to be scheduled to consider the Medefer application.**

### **Proposal for Dermatology Requests**

The dermatology service specification is in two parts; Dermatology South which served as the primary Specification for the ICB for a period of 3 years. At the 3-year mark tele-dermatology was Varied into the specification..

The tele-dermatology service specification contains elements of cancer treatments. It was noted that there are exemptions to awarding patient choice services where urgent and/or cancer treatments are present within a specification. Commissioners are undertaking market engagement to test the market prior to launching a competitive procurement exercise.

A review of both specifications is being undertaken, due for completion prior to the expiration of the current Dermatology contract delivered by Health Harmonie. Outputs of this review will inform future service delivery and the applicability of patient choice regulations.

Due to the review, accreditation requests must be paused until these outcomes have been actualised.

The panel were in agreement with this approach.

**Action: ICB to issue a letter to existing Dermatology accreditation applications, to advise of pathway review which affects the accreditation application.**

**Action: Periodic updates to be supplied to panel on Dermatology specification review.** Target completion date for review is end of Q3 25/26

### **Proposal for Ophthalmology**

Six Providers have approached the ICB to seek validation – 4 have been in receipt of the specification.

There are similar activities ongoing, as discussed above, whereby service specifications are currently subject to review. Upon completion of review, the ICB will be in a position to determine application of patient choice regulations, and can communicate with new and existing applicants on these outcomes.

**Action: ICB to issue a letter to existing Ophthalmology accreditation applications, to advise of pathway review which affects the accreditation application.**

**Action: Periodic updates to be supplied to panel on Ophthalmology specification review.** Target completion date for review is end of Q3 25/26

### **Pastel Health chronic pain services**

A redacted specification was supplied to the Provider. This specification draws from the service specification of the MPFT contract, applicable to the East and South-East of Staffordshire only.

The service forms part of the MSK pathway, of which is under review. Similar to reviews currently underway for the Ophthalmology and Dermatology specifications, it is suggested that the ICB pause awarding any further services under this specification to allow the review to conclude. The panel were in agreement.

**Action: ICB to issue a letter to Pastel Health, to advise of MSK pathway review which affects the accreditation application.**

**Action: Periodic updates to be supplied to panel on MSK pathway review.** Target completion date for review is end of Q3 25/26

### **Mental Health, LD & Autism**

#### **New Provider Accreditation Requests**

■ noted 1 new request since last PAP; **Abacus Psychology**, seeking accreditation for Autism and ADHD services. The deadline for initial response to the request is 11 June 2025. Specifications for these services have been supplied to other providers, and therefore do not envisage any challenges.

A further application has been received, but is being queried as to whether accreditation applies, or whether there is a more suitable alternative based on the nature of the request, such as the ICBs purchasing framework

#### **Existing Provider Accreditation Requests**

There are c10 existing accreditation requests, of which 2 have engaged and have been progressed.

#### **Seven Care**

The workstream assessment leads have experienced challenges with completing the DDQ to a satisfactory standard for the panel. It is proposed that an extraordinary panel meeting is scheduled, to allow sufficient time for leads to complete the DDQ assessment.

There was discussion amongst the panel on the priority requirement to complete this assessment in a timely manner to ensure that the ICB complies with associated timescales. There was further discussions on the importance of supporting colleagues with inputting into this process.

**Action: Extraordinary panel to be scheduled upon completion of the **Seven Care** DDQ assessment**

#### **SALT WM**

The workstream assessment leads have experienced challenges with completing the DDQ to a satisfactory standard for the panel. It is proposed that an extraordinary panel meeting is scheduled, to allow sufficient time for leads to complete the DDQ assessment.

There was discussion amongst the panel on the priority requirement to complete this assessment in a timely manner to ensure that the ICB complies with associated timescales. There was further discussions on the importance of supporting colleagues with inputting into this process.

	<p><b>Action: extraordinary panel to be scheduled upon completion of the SALT WM DDQ assessment</b></p> <p><u>End of Life, Long Term Conditions, and Frailty (now Community Transformation)</u></p> <p><b>New Provider Accreditation Requests</b>          ■ updated the panel, that no new requests had been received since the last panel meeting.</p> <p><b>Existing Provider Accreditation Requests</b>          ■ updated the panel, that 1 request had been received in the portfolio, from Oviva. It was determined within the portfolio that Regulation 40 applies. This has been communicated to the Provider, but the ICB have not received a response back.</p> <p><b>Closing discussions</b>          ■ summarised the current Patient Choice accreditation and contract award position: that 60+ requests have been received to date, but no offers of contracts have been issued.</p> <p>■ reminded the panel that the ICB is required to assess these applications in a timely manner which aligns with the timescales and requirements of Patient Choice regulations.</p> <p>It is recognised that a lot of work is being undertaken to ensure that colleagues are aware of process, and are supported with their inputs and contributions. It is also acknowledged that services are receiving the necessary reviews to inform harmonised commissioning of future services.</p> <p>■ thanked all for ongoing commitment to the process.</p>	
9.	<p><b>Planned Care</b></p>	
	<p><b>PCCD Generic Service Spec and Appendix (Service Descriptor)</b>          ■ noted that the panel does not have specific remit on approval of specs. This item is included here for awareness and information only.</p> <p><b>Definition of “Urgent”</b>          Discussed earlier in the meeting.</p> <p><b>DDQ accreditation Interest form</b>          Discussed earlier in the meeting</p> <p><b>DDQ Accreditation “Delivery and Service Model” Questions</b>          Discussed earlier in the meeting</p>	
10.	<p><b>Any Other Business</b></p>	
	<p><b>Ongoing Process Refinements and Review</b>          Discussion was held amongst panel members as to the level and volume of any additional sessions or workshops required, to support the ongoing review and refinement of Provider Accreditation Panel.</p> <p>The panel agreed to utilise existing groups and forums, such as established Portfolio MDTs, to continue to review applications as these to present, and to feedback and contribute to process refinements suggestions as these arise.</p>	

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

	It was noted that discussions had taken place during the meeting, that the current ICB DDQ shall undergo a review, and an updated template shall be released.	
<b>Next Meeting:</b> Friday 18 July 2025, 10:00 – 11:30		



**Provider Accreditation Panel  
Friday 30<sup>th</sup> May 2025 10:00 – 11:30  
Location: Microsoft Teams**

<b>Members:</b>
<b>In attendance</b>
██████████ (Chair) - Associate Director of Provider Management, ICB - ██████████
██████████ - Operational Business Partner, ICB – ██████████
██████████ - Financial Controller, ICB – ██████████
██████████ – Senior Contract Manager (minutes), ICB – ██████████
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██████████ - Delivery and Improvement Lead (Planned Care, Cancer and Diagnostics) - ██████████
██████████ - Delivery and Improvement Senior Manager I Planned Care, Cancer and Diagnostics - ██████████
██████████ - Associate Director – Quality Assurance & Improvement, ICB - ██████████
██████████ - Senior Contract Manager, ICB – ██████████
<b>Apologies</b>
██████████ - Clinical Quality Improvement Manager, ICB - ██████████
██████████ - Head of Financial Planning & Management, ICB - ██████████
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		<b>Action</b>
<b>1.</b>	<b>Welcome/Apologies</b>	
	██████████ welcomed attendees and explained the purpose of the meeting. Apologies recorded as above. It was agreed to make a digital video recording of the meeting	
<b>2.</b>	<b>Declarations of Interest</b>	
	No conflicts of interest raised.	
<b>3.</b>	<b>Leadership Compact</b>	
	The leadership compact was circulated for information.	
<b>4.</b>	<b>Provider Accreditation Principles</b>	
	<p>██████████ recapped the Principles as set out in the enclosure, and presented at the previous PAP, with a focus on the ICBs view on disaggregation of specialities from existing service specification.</p> <p>Where the ICB has an existing, stand-alone Consultant led service in place, the ICB would offer that service as defined within the specification, as Choice. It is noted that the ICB intentionally procure services as part of existing ‘bundles’, that rest with our NHS providers, to ensure that services are delivered in a cost effective manner which also support patient</p>	

experience and continuity of care. There is also often an interdependency and interoperability with other commissioned services provided by one provider i.e. acute Trusts, MH Trusts, which means fragmenting the service would not be in the interests of the patient. ■ presented the criteria for DAPA and DAPB to articulate the rationale for using disparate procurement routes. As a result, Regulation 39 and 40 are frequently referenced throughout the Patient Accreditation process. It is on this interpretation and basis that the ICB has minimal desire to consider unbundling. **Where there is a necessity for a speciality to deliver urgent care, unless otherwise determined, the ICBs stance will be to not disaggregate this provision as Regulation 39 would not apply.**

**Definition of “Urgent”** in the context of Provider Accreditation Services and Regulations 39 - 42 of the associated legislation.

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■ introduced the item, stating that there is a focus on the ICBs shared interpretation of Urgent. The item is presented here to ensure that the ICB offer equitable services to the market, and to recognise that service provision across the SSOT footprint oftentimes consists of consultant led services which are intrinsic to a wider service specification and patient pathway. It is important therefore to ensure that we are correctly and consistently apply our interpretation of these regs.

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There is a consensus view that urgent care is viewed as: urgent is an illness or injury that needs attention quickly but is not life threatening.

The NHS Choice framework provides a similar nature.

For context, Haematology and Hepatology clinical scenarios were cited:

- Haematology: bleeding or blood clotting
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There were further discussions amongst the panel of specific examples where this matter has arisen, and how this approach has been deployed – a Medefer Accreditation request in particular.

It is important therefore to have a consistent understanding, justification criteria, and application going forward in order to mitigate risk to challenge.

■ confirmed that there are frequent conversations with other ICBs (inc. BSOL, Hertfordshire, and West Essex ICBs). There are few instances where this approach has been adopted, but there is support in principle.

■ and ■ voiced a shared view that the ICB would benefit from a wider NHS view of this interpretation.

It was noted that legal advice on the definition of Urgent had not been sought at this stage, and that the ICB is satisfied with the guidance sought to date.

	<p>In addition to this exercise to define Urgent element of specification, there was discussion on the ICBs approach toward disaggregation of services following accreditation requests from prospective providers.</p> <p>The ICB, acting in accordance of its interpretation of the guidance, opts to not disaggregate services on the basis that such action carry's a degree of risk which will have adverse effects on system service delivery and financial sustainability.</p> <p>The ICB is confident in its interpretation of these aspects, and has worked closely with NHS England colleagues with discharging its commissioning functions under this approach.</p>	
<b>5.</b>	<b>Provider Accreditation Panel Minutes</b>	
	The minutes were agreed as a true and accurate record of the meeting.	
<b>6.</b>	<b>PAP Action Log</b>	
	<p><b>2025/ 01</b> - Relates to disaggregation from pathways. This has now grown into a useful set of guiding principles, and will become further refined as part of conversations in this agenda. [Action Closed]</p> <p><b>2025/02</b> - Update to follow at next PAP [Action Open]</p> <p><b>2025/04</b> - Further sessions have been scheduled to refine DDQ and process. Feedback to be supplied to the next PAP. [Action Open]</p> <p><b>2025/05</b> - A ticket has been logged with SSHIS. CSU Procurement colleagues offered to consider any existing means that support and facilitate process [Action Open]</p>	
<b>7.</b>	<b>Accreditation Request for Panel Review</b>	
	There were no accreditation requests for the Panel to review.	
<b>8.</b>	<b>Accreditation Pipeline - Portfolio Update</b>	
	<p><b>Planned Care</b> <b>New Provider Accreditation Requests</b>  <span style="background-color: black; color: black;">██████████</span> gave an overview.                      45 listed for planned care. Within there are a number of single providers seeking multiple specialities, such as Modality, HH, Medefer.</p> <p><b>Existing Provider Accreditation Requests</b></p> <p><b>Medefer</b>                      It is noted by the panel that further work is required to refine the application for this provider.</p>	

Colleagues noted the expiration date of the current contract, and advised that the ICB may wish to consider further modification to extend under the PSR to accommodate the accreditation and procurement of future services.

There was further discussion toward the risk of extending this accreditation process.

It was agreed by the panel that, the portfolio team shall communicate today's panel discussions to the Provider, to gather the requisite information to produce a robust and complete application. An extraordinary panel shall then convene in the coming weeks to review the application and to determine an outcome.

**Action: Extraordinary PAP to be scheduled to consider the Medefer application.**

### **Proposal for Dermatology Requests**

The dermatology service specification is in two parts; Dermatology South which served as the primary Specification for the ICB for a period of 3 years. At the 3-year mark tele-dermatology was Varied into the specification..

The tele-dermatology service specification contains elements of cancer treatments. It was noted that there are exemptions to awarding patient choice services where urgent and/or cancer treatments are present within a specification. Commissioners are undertaking market engagement to test the market prior to launching a competitive procurement exercise.

A review of both specifications is being undertaken, due for completion prior to the expiration of the current Dermatology contract delivered by Health Harmonie. Outputs of this review will inform future service delivery and the applicability of patient choice regulations.

Due to the review, accreditation requests must be paused until these outcomes have been actualised.

The panel were in agreement with this approach.

**Action: ICB to issue a letter to existing Dermatology accreditation applications, to advise of pathway review which affects the accreditation application.**

**Action: Periodic updates to be supplied to panel on Dermatology specification review.** Target completion date for review is end of Q3 25/26

### **Proposal for Ophthalmology**

Six Providers have approached the ICB to seek validation – 4 have been in receipt of the specification.

There are similar activities ongoing, as discussed above, whereby service specifications are currently subject to review. Upon completion of review, the ICB will be in a position to determine application of patient choice regulations, and can communicate with new and existing applicants on these outcomes.

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The service forms part of the MSK pathway, of which is under review. Similar to reviews currently underway for the Ophthalmology and Dermatology specifications, it is suggested that the ICB pause awarding any further services under this specification to allow the review to conclude. The panel were in agreement.

**Action: ICB to issue a letter to Pastel Health, to advise of MSK pathway review which affects the accreditation application.**

**Action: Periodic updates to be supplied to panel on MSK pathway review.** Target completion date for review is end of Q3 25/26

### **Mental Health, LD & Autism**

#### **New Provider Accreditation Requests**

■ noted 1 new request since last PAP; Abacus Psychology, seeking accreditation for Autism and ADHD services. The deadline for initial response to the request is 11 June 2025. Specifications for these services have been supplied to other providers, and therefore do not envisage any challenges.

A further application has been received, but is being queried as to whether accreditation applies, or whether there is a more suitable alternative based on the nature of the request, such as the ICBs purchasing framework

#### **Existing Provider Accreditation Requests**

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There was discussion amongst the panel on the priority requirement to complete this assessment in a timely manner to ensure that the ICB complies with associated timescales. There was further discussions on the importance of supporting colleagues with inputting into this process.

**Action: Extraordinary panel to be scheduled upon completion of the Seven Care DDQ assessment**

#### **SALT WM**

The workstream assessment leads have experienced challenges with completing the DDQ to a satisfactory standard for the panel. It is proposed that an extraordinary panel meeting is scheduled, to allow sufficient time for leads to complete the DDQ assessment.

There was discussion amongst the panel on the priority requirement to complete this assessment in a timely manner to ensure that the ICB complies with associated timescales. There was further discussions on the importance of supporting colleagues with inputting into this process.

	<p><b>Action: extraordinary panel to be scheduled upon completion of the SALT WM DDQ assessment</b></p> <p><u>End of Life, Long Term Conditions, and Frailty (now Community Transformation)</u></p> <p><b>New Provider Accreditation Requests</b>          ■ updated the panel, that no new requests had been received since the last panel meeting.</p> <p><b>Existing Provider Accreditation Requests</b></p> <p>■ updated the panel, that 1 request had been received in the portfolio, from Oviva. It was determined within the portfolio that Regulation 40 applies. This has been communicated to the Provider, but the ICB have not received a response back.</p> <p><b>Closing discussions</b></p> <p>■ summarised the current Patient Choice accreditation and contract award position: that 60+ requests have been received to date, but no offers of contracts have been issued.</p> <p>■ reminded the panel that the ICB is required to assess these applications in a timely manner which aligns with the timescales and requirements of Patient Choice regulations.</p> <p>It is recognised that a lot of work is being undertaken to ensure that colleagues are aware of process, and are supported with their inputs and contributions. It is also acknowledged that services are receiving the necessary reviews to inform harmonised commissioning of future services.</p> <p>■ thanked all for ongoing commitment to the process.</p>	
9.	<p><b>Planned Care</b></p>	
	<p><b>PCCD Generic Service Spec and Appendix (Service Descriptor)</b>          ■ noted that the panel does not have specific remit on approval of specs. This item is included here for awareness and information only.</p> <p><b>Definition of “Urgent”</b>          Discussed earlier in the meeting.</p> <p><b>DDQ accreditation Interest form</b>          Discussed earlier in the meeting</p> <p><b>DDQ Accreditation “Delivery and Service Model” Questions</b>          Discussed earlier in the meeting</p>	
10.	<p><b>Any Other Business</b></p>	
	<p><b>Ongoing Process Refinements and Review</b>          Discussion was held amongst panel members as to the level and volume of any additional sessions or workshops required, to support the ongoing review and refinement of Provider Accreditation Panel.</p> <p>The panel agreed to utilise existing groups and forums, such as established Portfolio MDTs, to continue to review applications as these to present, and to feedback and contribute to process refinements suggestions as these arise.</p>	

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

	It was noted that discussions had taken place during the meeting, that the current ICB DDQ shall undergo a review, and an updated template shall be released.	
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<b>Next Meeting:</b> Friday 18 July 2025, 10:00 – 11:30
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